

Exhibit C



Justice Advocacy Group_{LLC}

Joel A. Sickler
Founder

Medical Opinion of Dr. Richard Goldberg

RE: Maria Christina Paula Huijsmans Ullings Reg # 72994-019

On behalf of Maria Ullings and at the request of her counsel and family, I have prepared this medical report and offer my opinion regarding the merits of her request for Reduction in Sentence/Compassionate Release.

My name is Dr. Richard Goldberg. I did my medical training at the University of Michigan Medical School and attended Duke University Medical Center for my residency. I was in medical practice for 35 years. I have been a medical consultant working for Joel Sickler and the Justice Advocacy Group, LLC. for several years.

Medical information for this report was obtained from her PSR and physician records of Dr. R. Smith (dated November 22, 2019) noted in Exhibit D of a letter to the Honorable Michael L. Brown by Jason David Jones, trial attorney, Antitrust division.

Ms. Ullings is a 66 yo white female with the following medical disorders: Hypertension, Hypothyroidism, Obesity, Eczema, Basal Cell Carcinoma, Gastroesophageal reflux disease, s/p Appendicitis, Menopausal issues, and Allergic Rhinitis.

She was prescribed the following medications: Metoprolol, Enalapril, Amlodipine, Levothyroxine, Mometasone nasal spray, and Pantoprazole.

Currently the world is facing a pandemic due to COVID-19—a coronavirus, and my immediate concern is for the safety of Ms. Ullings, an individual with known “high risk” disorders at a highly secure, densely populated detention facility during this pandemic. According to the Centers for Disease Control and Prevention, “Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.” <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

According to an article in the New England Journal of Medicine, April 9, 2020, Flattening the Curve for Incarcerated Population—Covid-19 in Jails and Prisons, “‘Social distancing’ is a strategy for reducing transmission and ‘flattening the curve’ of cases entering the health care system. Social distancing is extremely challenging in these settings.” The article goes on to explain, “Furthermore, half of all incarcerated persons have at least one chronic disease, and according to the U.S. Department of Justice, 81,600 are over the age of 60, factors that increase the risk of poor outcomes of infection. With limited ability to protect themselves and others by self-isolating, hundreds of thousands of susceptible people are at heightened risk for severe illness.” <https://www.nejm.org/doi/full/10.1056/NEJMp2005687?query=TOC>

To help emphasize the problem, according to the News Observer of North Carolina, during one recent day, April 6, 2020, the number of cases at federal prison complex in Butner, NC had gone from 10 cases to 53 and the Butner Federal Medical Center (prison hospital) from 3 to 39. <https://www.newsobserver.com/news/coronavirus/article241814541.html> . I have been unable to obtain statistics from her current facility at the Robert A. Deyton Detention Facility in Lovejoy, Georgia, but according to statistics from the Georgia Department of Public Health, dated April 8, 2020, there have been 289 cases of COVID-19 in Clayton County including 10 deaths. <https://dph.georgia.gov/covid-19-daily-status-report>

As we previously stated, Ms. Ullings has several comorbidities including Hypertension. According to an article entitled Coronavirus (COVID-19) Resources, published by the American Heart Association, “Based on current information, it appears elderly people with coronary heart disease or hypertension are more likely to be infected and to develop more severe symptoms.” <https://www.heart.org/en/coro-navirus/coronavirus-covid-19-resources>

The American Heart Association has offered additional guidance in an article entitled What people with high blood pressure need to know about COVID-19. The article mentions that individuals with raised blood pressure may face an increased risk for severe complications if they are infected with the virus. “Data from the outbreak in Wuhan, China, shows a 10.5% death rate among people with COVID-19 who also have cardiovascular disease, 7.3% for those with diabetes, 6.3% for those with respiratory disease, 6% for those with high blood pressure, and 5.6% for those with cancer.” https://www.medscape.com/viewarticle/927952#vp_2

Additionally, the review in the Mayo Clinic Proceedings, published online on March 30, 2020, notes a report issued by the Italian Ministry of Health on March 20, 2020 that showed “the most common comorbidities in a cohort of 481 patients who died with COVID-19 were hypertension (74%), diabetes (34%), ischemic cardiopathy (30%), and atrial fibrillation (22%).” <https://mayo-clinicproceedings.org/retrieve/pii/S0025619620303153>

As stated in the aforementioned NEJM article from today (April 8, 2020) is a forceful recommendation from the authors who are affiliated with The Albert Einstein College of Medicine, The Rollins School of Public health at Emory University, and the Department of Medicine and Epidemiology from Brown University Medical Center:

“Therefore, we believe that we need to prepare now, by “decarcerating,” or releasing, as many people as possible, focusing on those who are least likely to commit additional crimes, but also on the elderly and infirm; urging police and courts to immediately suspend arresting and sentencing people, as much as possible, for low-level crimes and misdemeanors; isolating and separating in-carcerated persons who are infected and those who are under investigation for possible infection from the general prison population; hospitalizing those who are seriously ill; and identifying correctional staff and health care providers who became infected early and have recovered, who can

help with custodial and care efforts once they have been cleared, since they may have some degree of immunity and severe staff shortages are likely.”

I feel the medically and legally prudent course of action would be to release her from her federal sentence which would hopefully prevent her from being sickened by COVID-19 while in jail custody and before she is transferred to her federal prison which I understand is FCI Tallahassee, in Florida, a secure prison for females currently housing nearly 1,000 inmates. I’m told that if her sentence is reduced, she would then be eligible to be deported by to her home in the Netherlands where she would be reunited with her husband.

Sincerely,

Richard Goldberg, MD

Richard Goldberg, MD
Medical Consultant
Justice Advocacy Group, LLC.